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|--|--|--------------------------|--|----------------------|-----------------------|---------------------------------|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | s) Transmittal. This | s certifi I paper, | cate cannot be used for | domestic mailings of the r any other accompanying or formal drawing, must |
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| | | | L | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTOR | NEY DOCKET NO. | CONFIRMATION NO. |
| 09/238,163 | 09/238,163 01/28/1999 | | HIROSHI SUMIYAMA | 03/97/ | /2HBA (| 032567-002 AWONDAF2 00000110 | 6659 |
| TITLE OF INVENTION: IMAGE FORMING APPARATUS | | | | | | | 024800 09238163 |
| | | | | 01 FC: 02 FC: | | 1440.00 DA 6.00 DA | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$0 | . \$0 | | \$1440 | 03/12/2008 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | • |
| QIN, YIXING 2625 | | | 358-001140 | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BUCHANAN INGERSOLL 2 2 3 | | | | |
| B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| MINOLTA CO., LTD. OSAKA-SHI, OSAKA, JAPAN | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government | | | | | | | |
| la. The following fee(s) are submitted: Silvan Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 2 | | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form). | | | | |
| Change in Entity Status (from status indicated above) | | | | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in | | | | | | | |
| nterest as shown by the r | ecords of the United Sta | tes Patent and Trademark | Office. | | | | assigned or other party in |
| Authorized Signature | | Korland | | Date 3 | - 6- | - 2008 | |
| Typed or printed name | William C | . Rowland | | Registration No | o | 30,888 | · · · · · · · · · · · · · · · · · · · |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradernark Office, U.S. Department of Commerce, P.O. lox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | |